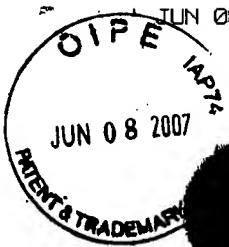


JUN 08 2007



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FAX COVER SHEET

TO: ISSUE FEE PAYMENT U.S. P.T.O.	From: Leslie Hoffmann Patent Paralegal
Tel. N/A	Tele: 408-284-8484
Fax. 571-273-2885	Date: June 8, 2007
Sheets: Cover + 5	
RE: <u>Issue Fee Payment; App. S/N 09/887,913 Filed June 20, 2001</u> <u>First Named Inventor: Jeffrey LUKANC, Attorney Docket # IDT-1616</u>	

Message:

Please find attached:

- 1. Part B-Issue Fee Transmittal + Duplicate**
- 2. Change of Correspondence**
- 3. "Fee Address" Indication Form**

Thank you.

Leslie Hoffmann
Patent Paralegal
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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/887,813
Filing Date	06/20/2001
First Named Inventor	Jeffrey LUKANC
Art Unit	2133
Examiner Name	Guy J. LAMARRE
Attorney Docket Number	IDT-1616

ENCLOSURES (Check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)	
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)	
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information	
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter	
<input type="checkbox"/> Extension of Time Request	<input checked="" type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):	
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<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____		
<input type="checkbox"/> Response to Missing Parts/Incomplete Application			
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	DEBRA A. CHUN, REG. NO. 38,700
Signature	
Date	June 8, 2007

CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	Leslie Hoffmann
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Date	June 8, 2007

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